





# SIS 2000+ Online Applications



# **Eligibility Guidelines - 2013-2014**

**Food and Nutrition Service** 

Child Nutrition Programs; Income Eligibility Guidelines

Correction

In notice document 2013–6544 appearing on pages 17628–17631 in the

			Effective	from		July 1, 2013	to	June 30, 2014						
	FEDERAL POVERTY													
	GUIDELINES		REDUCED	PRICE MEALS	- 185 %		FREE MEALS - 130 %							
				TWICE	EVERY				TWICE	EVERY				
HOUSEHOLD				PER	TWO				PER	TWO				
SIZE	ANNUAL	ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY	ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY			
		48 CO	NTIGUOUS STAT	res, District	OF COLUMBIA	, GUAM, AND	TERRITORIES							
1	11,490	21,257	1,772	886	818	409	14,937	1,245	623	575	288			
2	15,510	28,694	2,392	1,196	1,104	552	20,163	1,681	841	776	388			
3	19,530	36,131	3,011	1,506	1,390	695	25,389	2,116	1,058	977	489			
4	23,550	43,568	3,631	1,816	1,676	838	30,615	2,552	1,276	1,178	589			
5	27,570	51,005	4,251	2,126	1,962	981	35,841	2,987	1,494	1,379	690			
6	31,590	58,442	4,871	2,436	2,248	1,124	41,067	3,423	1,712	1,580	790			
7	35,610	65,879	5,490	2,745	2,534	1,267	46,293	3,858	1,929	1,781	891			
8	39,630	73,316	6,110	3,055	2,820	1,410	51,519	4,294	2,147	1,982	991			
For each add'I family														
member, add	4,020	7,437	620	310	287	144	5,226	436	218	201	101			
					ALASKA									
1	14,350	26,548	2,213	1,107	1,022	511	18,655	1,555	778	718	359			
2	19,380	35,853	2,988	1,494	1,379	690	25,194	2,100	1,050	969	485			
3	24,410	45,159	3,764	1,882	1,737	869	31,733	2,645	1,323	1,221	611			
4	29,440	54,464	4,539	2,270	2,095	1,048	38,272	3,190	1,595	1,472	736			
5	34,470	63,770	5,315	2,658	2,453	1,227	44,811	3,735	1,868	1,724	862			
6	39,500	73,075	6,090	3,045	2,811	1,406	51,350	4,280	2,140	1,975	988			
7	44,530	82,381	6,866	3,433	3,169	1,585	57,889	4,825	2,413	2,227	1,114			
8	49,560	91,686	7,641	3,821	3,527	1,764	64,428	5,369	2,685	2,478	1,239			
For each add'I family														
member, add	5,030	9,306	776	388	358	179	6,539	545	273	252	126			
				}	IAWAII									
1	13,230	24,476	2,040	1,020	942	471	17,199	1,434	717	662	331			
2	17,850	33,023	2,752	1,376	1,271	636	23,205	1,934	967	893	447			
3	22,470	41,570	3,465	1,733	1,599	800	29,211	2,435	1,218	1,124	562			
4	27,090	50,117	4,177	2,089	1,928	964	35,217	2,935	1,468	1,355	678			
5	31,710	58,664	4,889	2,445	2,257	1,129	41,223	3,436	1,718	1,586	793			
6	36,330	67,211	5,601	2,801	2,586	1,293	47,229	3,936	1,968	1,817	909			
7	40,950	75,758	6,314	3,157	2,914	1,457	53,235	4,437	2,219	2,048	1,024			
8	45,570	84,305	7,026	3,513	3,243	1,622	59,241	4,937	2,469	2,279	1,140			
For each add'l family	THE STATE OF THE													
member, add	4,620	8,547	713	357	329	165	6,006	501	251	231	116			

### More information can be found at this website:

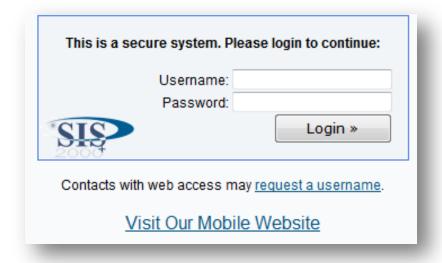
http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm





# **Online Applications**

# via the web







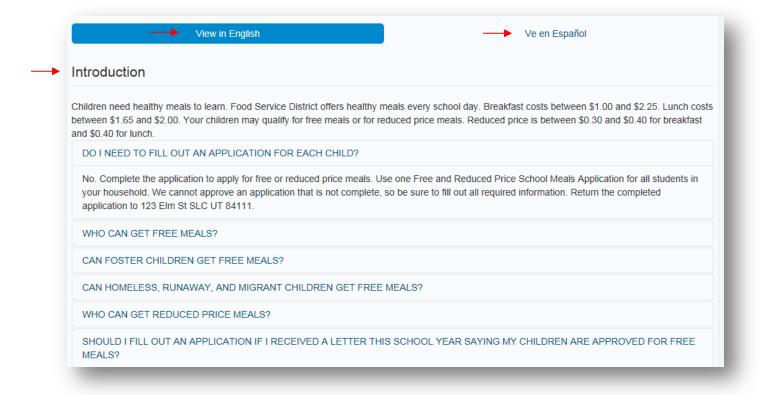
### **Select Food Service**



# **Select Contact Applications**

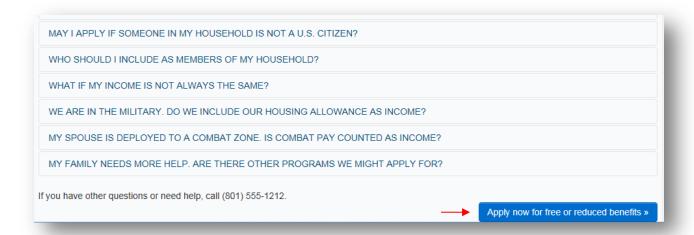


### Users can view in English or Ve en Espanol



Introduction will help applicants when filling out the information with questions they may have.

If you don't have questions, select - Apply now for free or reduced benefits

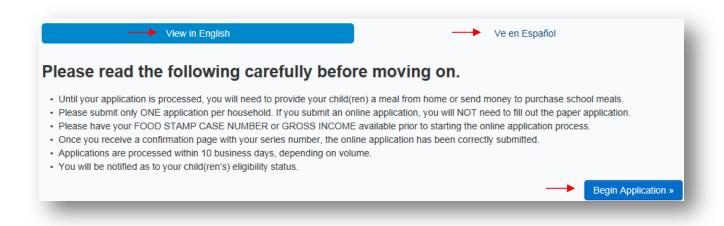




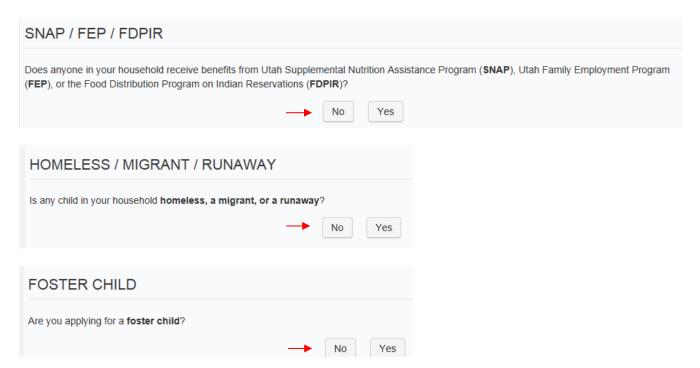
### Users can view in English or Ve en Espanol

Please Read through the information and follow the instructions.

Begin Application when ready.



### Answer each web page as it pertains to your application:





# New Application – Apply in English or Solicita en Espanol

							, _	~							
A	pply in E	nglish				Sol	icita en E	spaño							
If you	have o	questions	or nee	d help, p	olea	ase call	801-	264	-744	.1		1			
-										-		_			
Application															
PART 1. C	HILDREN														
Names of	all childre	n	Add												
	Middle Ini		Last	School	S	tudent ID	Grade	F	oster (	Child	No Incom	е	LEA S	Student	ID
No Childre		Click Add butto	n above												
		household recei	ves Utah SN	IAP, FDPIR, or	FEP,	provide the	name and o	ase nu	ımber o	of the pe	rson who recei	ves bene	efits.		
		card number, S													
Program:	« None »	•	Bene	ficiary:						Case	Number:				
		S / MIGRANT /													
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Homel				☐ Mi	igran	it				Rur	naway				
		USEHOLD GR mbers, including													
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	- Add	HOW MUCH I	INCOME A	ND HOW OF	IEN	II WAS RE	CEIVED		Panci	on reti	rement.	1			
	Earnings from WORK									cial Security, SSI, VA					
		before deductions alim			limony			benefits			All other income				
	Last	No Income	Income	How Ofte	en	Income	How Of	ten	Inco	me	How Often	Inco	me	How O	ften
		ers added. Cli			101	AEAUDIT/		/A D1		107.01	5.5.0				
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		nber must sign th do not have a S									_	its of his	s or ner	Social S	ecurity
		Il information on t		_								funds bas	sed on ti	he inform	ation I
- "		chool officials ma									_				
be prosecute	ed.														
Signature															
I certify	that I am fu	rnishing true info	rmation and a	am advised that	this a	application is b	oeing made	in conn	nection v	with the r	eceipt of Federa	l funds			
		verify the inform													
Delibera	ate misrepre	esentation of the i	nformation m	ay subject the a	applic	ant to prosect	ution under	State a	nd Fede	eral statu	ites				
By che	ecking the	this box, I ag	ree to be l	bound by the	e pre	ceding sta	tements								
Applicant I	nformation	า													
First Nam	e:						Last	Name	e: [						
Address 1	1:						Phor	ne Nui	mber:						
Address 2	2:														
City:							State	e: « S	tate »		•	Zip	Code:		
Social Sec	urity Num	ber													
	-														

While disclosure of the last 4 digits of a social security number is voluntary the National School Lunch Act requires the last 4 digits of a social security number or an indication

I do not have a Social Security Number

of "none" for approval of the application.

Last four digits of Social Security Number: \*\*\*-\*\*-



### Signature Box is accepted as an electronic signature for an official application.

### PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN) An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) l certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. • I certify that I am furnishing true information and am advised that this application is being made in connection with the receipt of Federal funds · School officials may verify the information on the application · Deliberate misrepresentation of the information may subject the applicant to prosecution under State and Federal statutes By checking the this box, I agree to be bound by the preceding statements Applicant Information First Name: Last Name: Address 1: Phone Number: Address 2: • City: State: « State » Zip Code: Social Security Number Last four digits of Social Security Number: \*\*\*-\*\*-I do not have a Social Security Number While disclosure of the last 4 digits of a social security number is voluntary the National School Lunch Act requires the last 4 digits of a social security number or an indication of "none" for approval of the application. PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Use of Information Statement

Choose one ethnicity

Mispanic/Latino

Not Hispanic/Latino

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native

Choose one or more (regardless of ethnicity)

Asian

White

Black or African American



### **CHIP - Children's Health Insurance Program**

This information will be printed on a CHIP Contact Report to turn into the health department for children health insurance assistance.



CHIP is a state health insurance plan for uninsured Utah children.

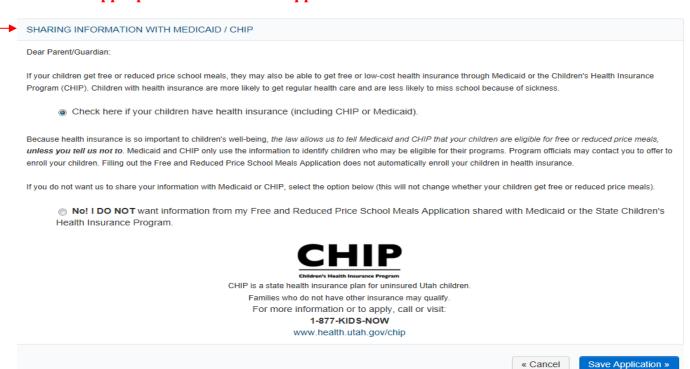
Families who do not have other insurance may qualify.

For more information or to apply, call or visit:

1-877-KIDS-NOW

www.health.utah.gov/chip

### Check the appropriate box and Save Application



Applications are processed within 10 business days, depending on volume. You will be notified as to your child(ren's) eligibility status.